ELECTRONIC FILING REGISTRATION FORM

		NEW	REVISION _	
1.	NAME OF LO	OCAL GOVERNI	MENT, EMPLOYEE	ORGANIZATION OR LAW FIRM
2.	PLEASE LIST ANY EMAIL ADDRESSES THAT YOUR ENTITY IS AUTHORIZING TO SUBMIT ANY PLEADINGS. PLEASE ATTACH SEPARATE SHEET IF NECESSARY: (Use of an (*) before the @ sign signifies any e-mail address would be acceptable. For example: *@smithlaw.com* would authorize any e-mail account using @smithlaw.com*).			
3.	PLEASE LIST ANY E-MAIL ADDRESSES PREVIOUSLY AUTHORIZED FOR WHICH YOU ARE REVOKING AUTHORIZATION:			
AUT	HORIZED SIGN	IER		
PRIN	RINTED NAME		IGNATURE	DATE
For E	MRB use only	/:		
User	ser No		ate:	